



**2004**  
**WISCONSIN**

**school health education**

**Profile Report**



**Wisconsin Department  
Of Public Instruction**



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**2004**

**Wisconsin School Health Education  
Profile Report—Health Teachers**

for  
Wisconsin Department of Public Instruction  
by

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# Introduction

## BACKGROUND

The School Health Education Profile (SHEP) health teacher questionnaire was developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) in collaboration with representatives of state, local, and territorial departments of education and health. These surveys were designed to help state and local education agencies to monitor characteristics of and assess trends in health education in middle/junior high school and high school.

The first SHEP questionnaires were conducted in a sample of Wisconsin middle/junior high schools and high schools in 1994. The questionnaires were administered again in 1998, 2002, and 2004 by the Wisconsin Department of Public Instruction (DPI). These health reports provide statewide data representative of all public middle school and high schools regarding health education curriculum and other health-related school policies.

The source for SHEP data: [www.dpi.state.wi.us/dpi/dlsea/sspw/shepindex.html](http://www.dpi.state.wi.us/dpi/dlsea/sspw/shepindex.html).

## METHODS

All regular public secondary schools serving at least one of the grades 6 through 12 were included in the school sampling frame provided by the DPI. Systematic probability sampling with a random start was used to select schools for the survey. Schools were sorted by estimated enrollment (from DPI enrollment records) in the target grades within the school grade level (middle schools, high schools, other) prior to sampling. For each of the 425 regular secondary public schools included in the sample, principals, lead health teachers, and lead physical education teachers were asked to complete a questionnaire.

In Wisconsin, a total of 313 out of 425 (response rate of 74%) principal questionnaires and 317 out of 425 (response rate of 75%) lead health teacher questionnaires were received and included in the analyses. Additionally, a total of 304 out of 425 (response rate of 72%) lead physical education teacher questionnaires were received and included in analyses. Findings for this report are based on the data gathered from completed questionnaires and represent Wisconsin public secondary schools.

Data are presented in four major topic areas in this report: Nutrition, Physical Activity, Tobacco, and HIV. Results are based on the fact that a topic was taught at least once in a required health education course in grades 6-12. Selected key questions are highlighted in each of these topic areas, followed by a brief discussion section.

## Wisconsin School Health Education

### Adolescent Health Risk Behaviors:

The CDC has identified six health risk behaviors that play a role in the leading causes of death and disability in the United States. Some of these behaviors can begin as early as childhood and patterns may develop during adolescence that lead to unhealthy habits. These behaviors include:

- Alcohol and Drug Use
- Injury & Violence
- Tobacco Use
- Nutrition
- Physical Activity
- Sexual Behaviors<sup>1</sup>

### Wisconsin Top Health Curriculum Topics:

1. Alcohol or Other Drug Use Prevention
2. Nutrition and Dietary Behaviors  
Tobacco Use Prevention\*
3. Physical Activity and Fitness  
HIV Prevention\*
4. Emotional Health  
STD Prevention\*
5. Human Sexuality  
Human Growth and Development\*
6. Pregnancy Prevention
7. Accident or Injury Prevention

*\* teachers reported the same frequency for these topic areas*

The top 11 health topics were taught at a frequency  $\geq 86\%$  by Wisconsin teachers. Suicide prevention and violence prevention were taught by teachers at a frequency of 83% and 84% respectively.

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### Discussion:

Many of the health content areas highlighted above match the CDC's description of an adolescent health risk behavior. Research has shown these behaviors contribute to the leading causes of death and disability among individuals.

Based on teacher responses, the focus of Wisconsin health education aligns with nationally identified health risk behaviors. This indicates today's adolescents are receiving instruction in critical areas identified by our nation, suggesting that Wisconsin health education reflects the national efforts to develop healthy youth.

# Health Skills for Today's Adolescents:



*Health skills taught...	...by this % of teachers
Decision Making	97%
Resisting Peer Pressure	97%
Communication	95%
Stress Management	93%
Goal Setting	92%
Analysis of Media Messages	90%
Advocating for Health	88%
Conflict Resolution	87%
Accessing Valid Health Information	86%

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- Decision making, resisting peer pressure, communication, stress management, and goal setting were the most frequently taught health skills.
- Accessing valid health information, conflict resolution, advocating for health, and analysis of media messages were the least frequently taught health skills. However, 86-90% teachers covered these skills.
- Of the 9 areas where health skills were taught, five align with the National Health Education Standards. These include: accessing valid health information, analyzing media, communication, decision making/goal setting, and advocacy.<sup>2</sup>

## Discussion:

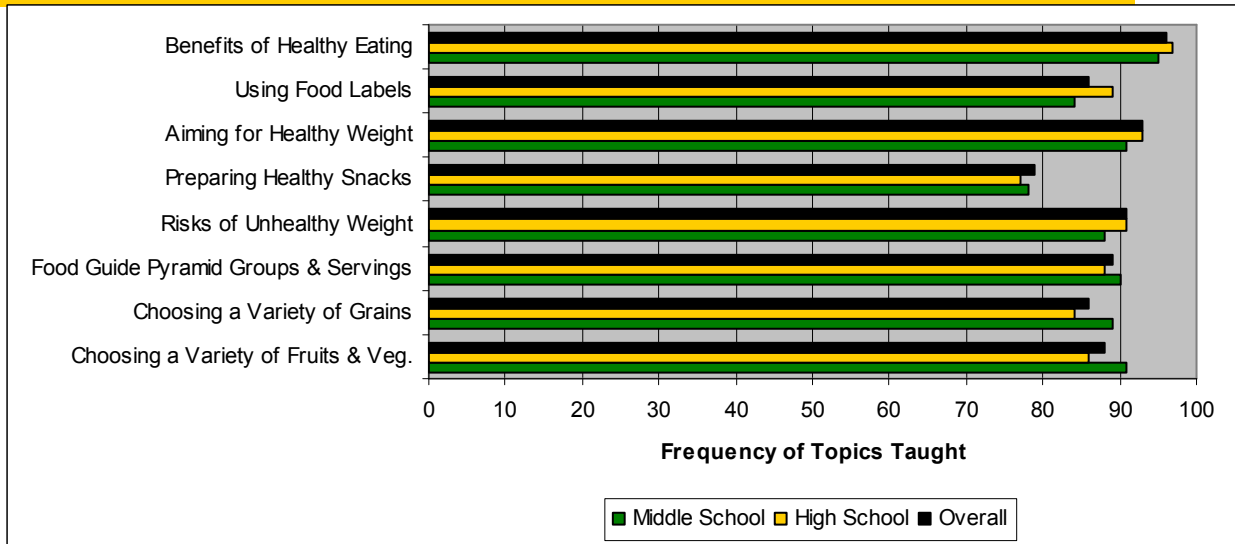
Historically health education has placed emphasis on imparting knowledge. However, current education trends focus on teaching adolescents important health skills, as well as giving them health information. Wisconsin teachers of health education recognize the need to equip adolescents with such skills, as supported by the high frequency of those skills taught. Additionally, student centered instruction along with interactive learning are methods that promote skill development. The focus on skill development better prepares adolescents to make healthier choices throughout their lifetime.

Wisconsin continues to demonstrate its long legacy of commitment to school health education by aligning with the national health literacy movement.<sup>3</sup> The goal of this movement is to use National Health Education Standards as a framework for curriculum development and instruction. Health knowledge, accessing valid health resources, practicing healthy behaviors, analyzing influences to healthy behavior, communication skills, goal setting/decision making, and advocacy comprise the national health education standards.

One key element to a comprehensive school health program is having appropriately trained teachers.<sup>4</sup> Health instruction in the state of Wisconsin is currently being implemented predominantly by those trained in health education or health and physical education.

# A Closer Look at Nutrition, Physical Activity, Tobacco, and HIV

## Nutrition Curriculum Topics:



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## An Outlook on Obesity:

In 2003, 24% of Wisconsin students were determined to be at risk for becoming overweight or were considered to be overweight.<sup>5</sup> A leading contributing factor to becoming overweight is one's diet.<sup>6</sup> Among adolescents the greatest impact on their dietary decisions are influences. Research has indicated that adolescent food choices were most often motivated by the following influences: intrapersonal (e.g., psychosocial, biological), interpersonal (e.g., family, peers), environmental (e.g., schools, fast food), and societal (e.g., mass media, cultural norms).<sup>7</sup>

Identified above are the leading nutrition topics being taught by Wisconsin health educators. Overall 90% of health educators reported teaching about the benefits of healthy eating, aiming for a healthy weight, and risks of unhealthy weight. These three topics focus on the development of knowledge rather than skill. As stated earlier, providing adolescents with knowledge alone is not sufficient when it comes to behavior change.

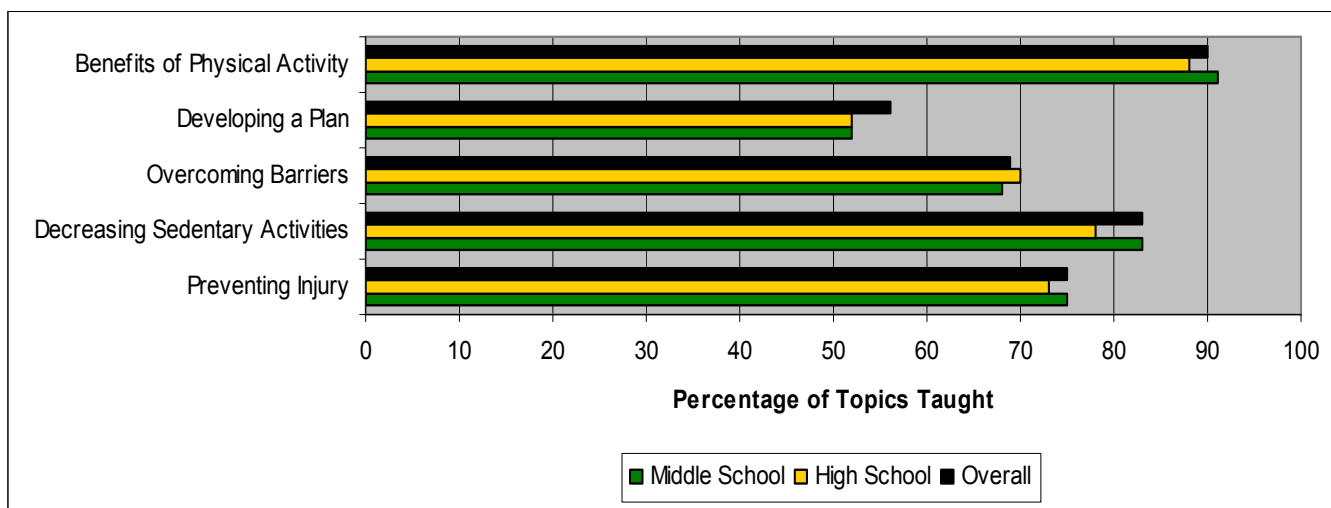
On the previous page, 90% of health educators reported that they were teaching students how to analyze the media's influence. However, it is unclear whether or not this skill is addressed during a nutrition unit. Therefore, analyzing internal and external influences on behavior is a skill that should be included in nutrition education.



*In the United States, nearly 9 million youth are overweight.<sup>8</sup>*

*Research indicates that overweight youth are more likely to grow up and become overweight or obese adults.<sup>9</sup>*

# Physical Activity Curriculum Topics:



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*Physical inactivity and poor diet are the second leading causes of preventable death.<sup>6</sup>*

*Research indicates as youth become older their physical activity level decreases.<sup>10</sup>*



## Workout Wisconsin:

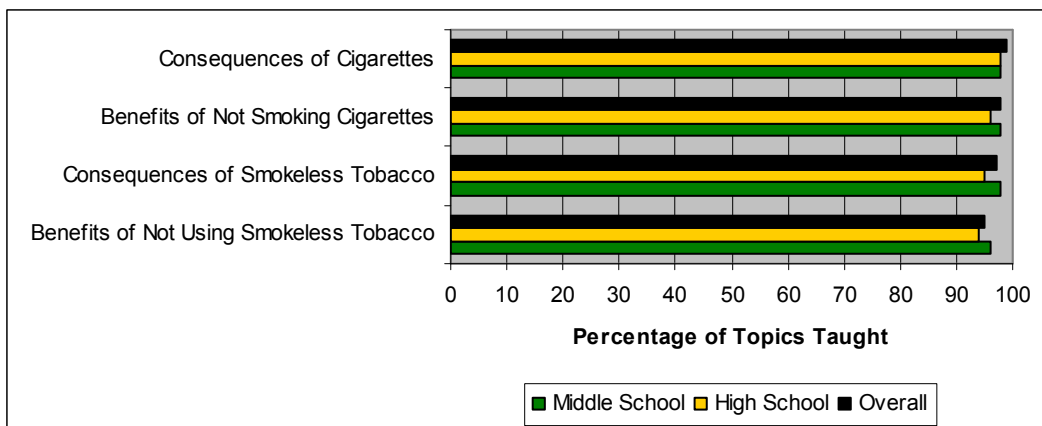
In 2003, 28% of Wisconsin students reported they did not participate in activities that made them sweat or breathe hard for at least 30 minutes on five or more of the past seven days.<sup>5</sup> This lack of physical activity is slightly higher than nationally reported data (24.7%).<sup>11</sup>

However, the benefits of physical activity continue to be well addressed by Wisconsin health teachers at middle and high school levels. Though, the emphasis on teaching high school students how to develop an individualized physical activity plan has decreased from 69% to 52% over the past two years.<sup>12</sup> This change raises concerns regarding this area of the health curriculum. With the rise in sedentary lifestyles and obesity rates, it becomes critically important for students to have the knowledge and skills to develop a plan for their personal fitness. To make physical activity more relevant to students, more time needs to be spent assisting students with the development of their own personal fitness plan, that includes how to overcome barriers to physical activity.

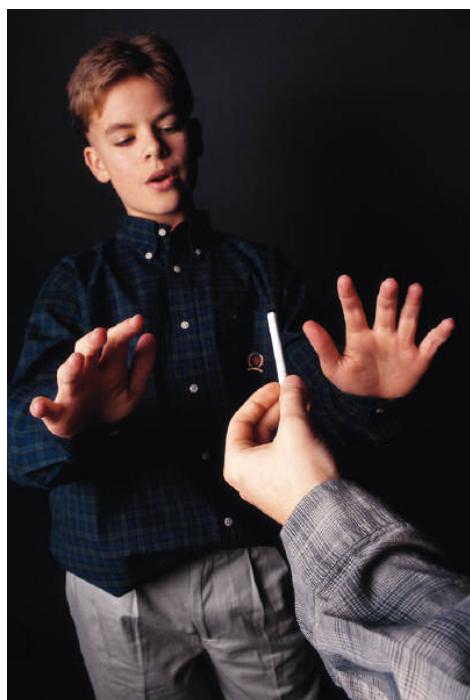
To find out more about the status of adolescent participation in physical activity see the 2004 Wisconsin School Physical Education Profile Report at [www.dpi.state.wi.us/dpi/dlsea/sspw/shepindex.html](http://www.dpi.state.wi.us/dpi/dlsea/sspw/shepindex.html).

## Highlighted Tobacco Curriculum Topics:

*Today, cigarette smoking is attributed to the leading causes of death and disability.<sup>13</sup>*



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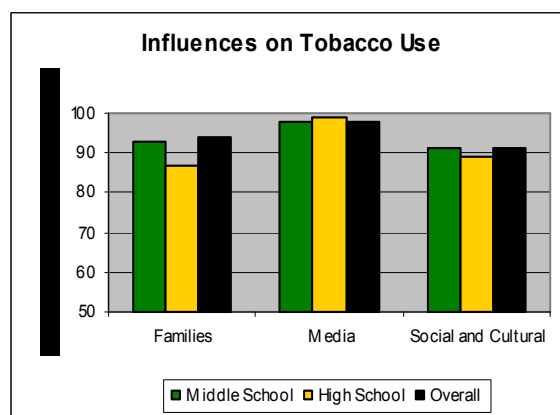
*Research indicates the younger people begin smoking the more likely they are to become addicted to nicotine for life.<sup>13</sup>*

## Wisconsin Down in Smoke:

Way to go Wisconsin! Here is an example of how health instruction has been successful. According to the 2003 Wisconsin YRBS, tobacco use among youth has declined nearly 10% since 1993.<sup>5</sup> This trend suggests Wisconsin's long tradition of tobacco prevention programming works.

As well as the topics highlighted here, ten additional topics were taught related to tobacco prevention with great frequency. The focus on family, media, and social/cultural influences on tobacco use received slightly more instruction time than was reported on SHEP 2002.<sup>12</sup>

Two areas of instruction need to be strengthened. Teaching adolescents information related to smoking cessation and having them make a personal commitment not to smoke received the least amount of instruction time (76% and 72% respectively). Students who want to stop smoking would benefit from more instruction in these areas.



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# HIV Curriculum Topics:

*"Based on over 15 years of research, the evidence shows that comprehensive sexuality education programs for youth that encourage abstinence, promote appropriate condom use, and teach sexual communication skills reduce HIV-risk behavior and also delay the onset of sexual intercourse."<sup>14</sup>*

Knowledge and skills taught	Middle	High	Combined 6-12 grades	Overall
Abstinence as the most effective method to avoid HIV infection	97	100	97	98
How HIV is transmitted	96	100	97	98
How HIV affects the human body	95	97	96	96
How to correctly use a condom	38	73	53	55
Condom efficacy	77	90	83	83
Influence of alcohol and other drugs on HIV-related risk behaviors	92	99	94	95
Social and cultural influences on HIV-related risk behaviors	78	91	83	84
The number of young people who get HIV	84	96	90	90
How to find valid information or services related to HIV or HIV testing	70	89	82	80
Compassion for persons living with HIV or AIDS	86	86	79	84

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## HIV Prevention in Wisconsin:

In 2004, high school health educators reported teaching the above topics at a greater frequency than in 2002. The topics with the largest change in frequency included: 1) how to use a condom correctly (73% compared to 52%), 2) number of young people who get HIV (96% compared to 90%), 3) social or cultural influences on HIV-related risk behaviors (91% compared to 85%), 4) influence of alcohol and other drugs on HIV-related risk behaviors (99% compared to 95%), 5) condom efficacy (90% compared to 86%), and 6) finding valid information and services (89% compared to 85%).<sup>12</sup>

In the last decade, the prevalence of high school students who reported having ever had sexual intercourse decreased by 10%. Another positive behavior reported is that 75% of sexually active students are using a reliable form of birth control (e.g., condom, birth control pill, or Depo-Provera) before their last sexual intercourse. Specifically related to HIV prevention, 65% of sexually active students are using condoms, which is a 7% increase from 1993.<sup>5</sup>

These positive behaviors may be attributed to the fact that Wisconsin law requires education on sexually transmitted infections, including HIV/AIDS be offered in every high school and all schools are encouraged to teach human growth and development. Research indicates that a comprehensive approach to sexuality education, that focuses on delaying sexual behavior and teaches sexually active youth how to protect themselves is most effective.<sup>15</sup>




## Conclusions & Recommendations

### CONCLUSIONS:

- Current youth risk behaviors are being addressed by health education teachers at both middle and high school levels.
- Wisconsin health teachers report predominantly utilizing national and state standards as part of their curricular framework.
- The data suggests that more time is spent on teaching students nutrition concepts, rather than on developing healthy eating behaviors and skills.
- Teaching students how to develop an individualized physical activity plan has reportedly decreased in the past two years.
- Prevention of tobacco use has been a priority for health educators, based upon the high level of classroom instruction they report.
- The rates of adolescent sexual intercourse has declined, while the frequency of several sexual health topics taught has increased.

### RECOMMENDATIONS:

- Keeping current with state and national youth health issues, as well as professional initiatives is critical for educators.
  - Health teachers must continue to follow state and national standards as the framework for curriculum. Additionally, they need to incorporate these standards into classroom instruction.
  - Teaching students how to analyze internal and external influences on their nutritional behavior, including healthy eating behaviors and skills is important.
  - More Wisconsin health educators need to teach students how to develop an individualized physical activity plan.
  - Continue the strong comprehensive approach to tobacco prevention and include more instruction on smoking cessation.
  - Health teachers must continue to provide a comprehensive approach to sexuality education.
- 



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